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“Constipation is often seen as a Simple Thing”: Exploring Healthcare Professionals' Perspectives of Managing Constipation within Specialist Palliative Care: A Qualitative Study

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Introduction

Constipation is a major problem, and significant concern, for many patients who are receiving specialist palliative care (SPC). Whilst clinical guidelines have been developed, there is a dearth of evidence regarding healthcare professionals (HCPs) experiences of constipation management within such settings.

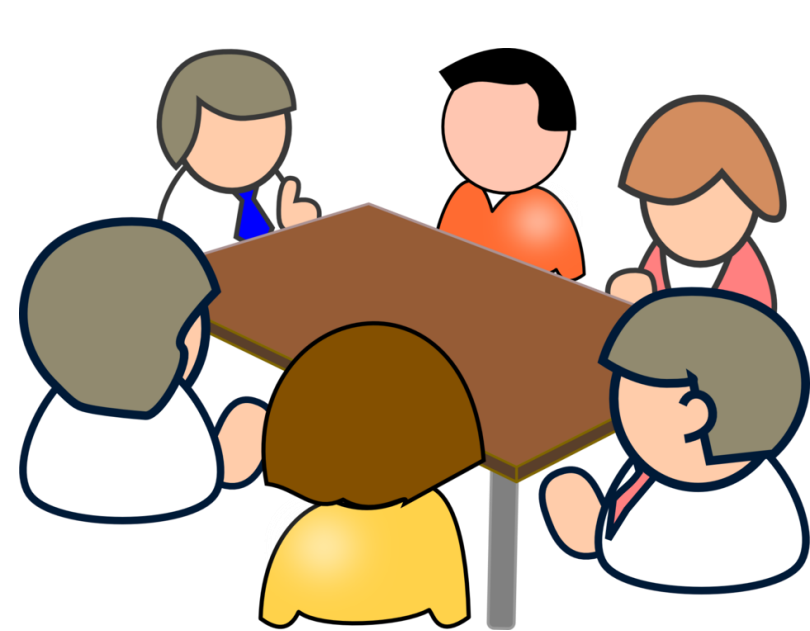
Aim: To explore healthcare professionals (HCPs) perspectives of managing constipation within SPC settings

Definitions

1. Constipation is a condition identified by unsatisfactory defecation due to infrequent stools, difficulty passing stools, or the sensation of incomplete emptying (1).
2. Palliative care aims to improve the quality of life of patients and their families through the prevention and relief of distressing physical, psychological, and social problems (2)

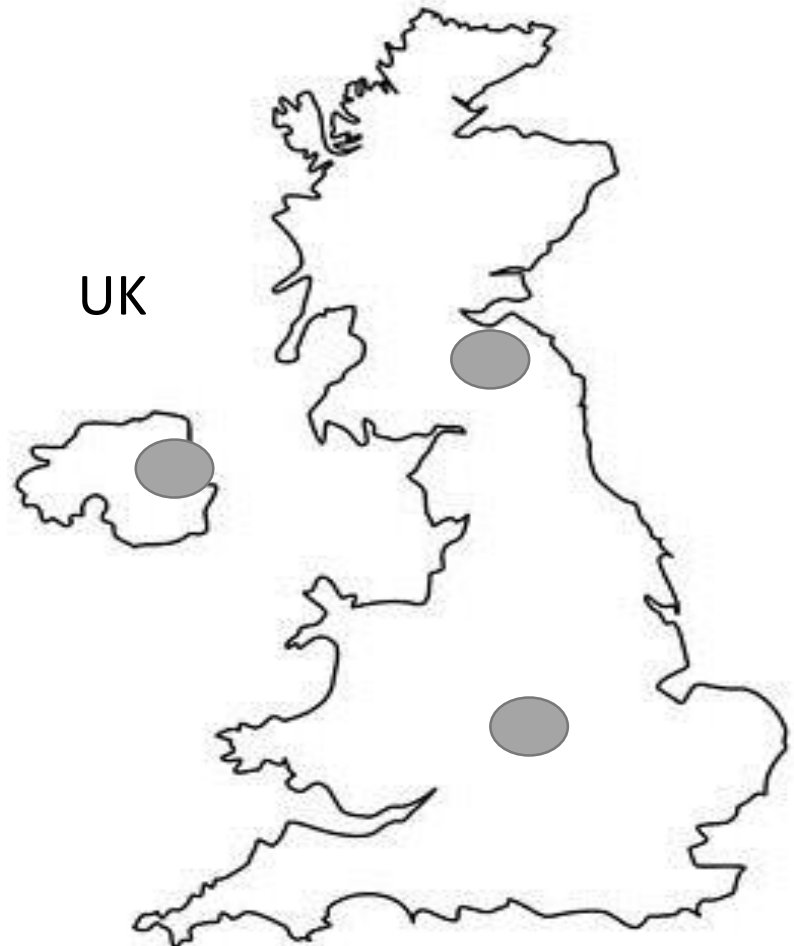
Methods

Focus groups



Sample: 27 HCPs

- Doctors n=7
- Nurses n=14
- Pharmacists n=1
- Other n=5



Setting: 3 specialist palliative care units

Dates: Nov. 2016 – Jan. 2017

Topics: Knowledge clinical practices and barriers/ facilitators surrounding constipation assessment/ management in SPC units.

Analysis: Braun and Clark’s (2006) framework for thematic analysis.

Approval from the Office for Research Ethics Committees Northern Ireland (ORECNI)



Results



Physical symptom

Constipation was seen as simple to manage, with a focus on the symptom’s physical manifestation. Assessment and management were approached from an objective stance. Few HCPs identified the psycho-social implications for the patient.

"Constipation is often seen as a simple thing... It's pretty straight forward" Nurse

Pharmacologically driven management

Strength in pharmacological management was evident, with discussions of drug choices dominating the conversation

"We probably all have [laxatives] we turn to on a regular basis..." Doctor

"We are very good at the pharmacological interventions" Nurse

Lifestyle modifications under-utilized

Lifestyle modifications were rarely discussed. Difficulties were reported regarding implementation in this setting

"You can't always implement lifestyle modifications. You can't get people as mobile. You can't get them to take the volumes of fluid or make changes to their diet, less so than someone who is well" Pharmacist

Barriers

Embarrassment, confusion, secondary symptom status, poor documentation, physical limitations

"When families are there...they are very embarrassed and want you to walk out of the room" Nurse

Facilitators

Professional status/approach of the HCP, team communication, the environment, the patient and relatives, adequate resources

"The fact you're a doctor or a nurse, people will then open up about all sorts of things very easily" Nurse

References

- 1 National Institute for Health and Care Excellence. Constipation [Internet]. Clinical Knowledge Summaries. 2017 Jun [cited 2018 Dec 13]. Available from: <https://cks.nice.org.uk/constipation#!topicsummary>
2. WHO. WHO Definition of Palliative Care [Internet]. World Health Organization; 2017 [cited 2017 Apr 12]. Available from: <http://www.who.int/cancer/palliative/definition/en/>

If you would like more information, please contact Deborah Muldrew: d.Muldrew@ulster.ac.uk
Poster author will be present: Poster Presentation Set 2 on 24.05.2019.
I have no potential conflict of interest to report

Discussion

- By focusing on the physical symptom, HCPs overlooked the psychological and social implications of constipation throughout the assessment and management of the patient
- Clinical guidelines on constipation management in palliative care call HCPs to incorporate non-pharmacological strategies alongside pharmacological intervention, including optimising toileting, privacy, diet and fluids, and mobility.